

101-CLIENT
QIFS

2.6.98

DEAR SIR,

I am what they call INDIGENT. At
this time I am in Jail. I have I think
80 to 100 years. I got that on May 30, 1996. I
would like for you to give me a layman to write
in my appeal, can you help me

Thank you
Bruce

I am at

Bosse Moore # 329889

P.O. Box 45699

Louisville, OH 4

45699

EXHIBIT

tabbles

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OFFICE OF THE OHIO PUBLIC DEFENDER
Prison Legal Services
7 East Long Street
Columbus, Ohio 43215-2699

B. Woods #327991
SOUTHERN OHIO CORRECTIONAL FACILITY
PO BOX 45699
LUCASVILLE, OH 45699-0001
DRC 1459



Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 728-8091

DAVID H. BODIKER
State Public Defender

MEMORANDUM

DATE: February 6, 1998
TO: Ohio Inmate
FROM: Intake Division
RE: Request for Assistance

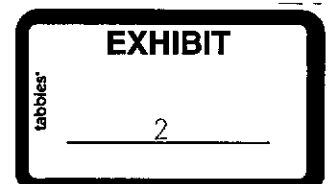
This will acknowledge receipt of your request for legal assistance. It is the duty of this office to provide legal representation to indigent inmates who are unlawfully imprisoned, provided their claims have arguable merit.

Please complete and return the enclosed questionnaire and financial statement. If you have any other documents or information pertaining to your claims, you may send them also. Upon receipt of the questionnaire and financial statement, this office will review your claims for merit.

Return the documents to:

Intake Division
Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215

We look forward to hearing from you.



OFFICE OF THE OHIO PUBLIC DEFENDER

8 East Long Street, 11th Floor
Columbus, Ohio 43215

2-13-98

Please answer each question below as completely and accurately as possible. If you need help, contact the law clerk at your institutional law library. If you need more space, attach additional pages.

Return the completed questionnaire, together with copies of any papers or documents you have pertaining to your case, and this office will investigate your claims. If the attorney assigned to your case feels an interview is necessary, you will be notified.

Name: <u>Bruce Woods</u>	OPDC No.: <u>98-1640</u>
Institution Number: <u>329889</u>	Date of birth: <u>10-18-66</u>
Institution: <u>S.O.C.F.</u>	Soc. Sec. No.: <u>390-70-3302</u>
County of conviction: <u>HAMILTON</u>	Case number: <u>B9601386</u>
Name of the attorney who represented you: _____	
Any aliases you have used: _____	
Any co-defendants in your case: <u>Kelly Woods</u> <u>Rayshawn Riggins</u>	

How were you convicted? [Place an "X" in the appropriate box. Choose only one box.]

☐ I entered a plea of "guilty."

☒ I was tried by a jury.

☐ I entered a plea of "no contest."

☐ I was tried by a judge, without a jury.

I was convicted of: Agg Burglary, Agg Robbery, Kidnapping

The term of my sentence is minimum 65 to maximum 120; or definite _____

Date of conviction: 5-31-96 Date delivered to the state: 6-25-96 Parole/EDS: 2012

Did you appeal your conviction to the court of appeals? ☐ Yes ☒ No

Did you appeal your conviction to the Ohio Supreme Court? ☐ Yes ☒ No

Have you filed any other actions challenging your conviction? ☐ Yes ☒ No If so, list the court, case number and nature of the proceedings: _____

Do you have any action pending at the present time? ☐ Yes ☒ No If so, list the court, case number, type of action, and the name of your attorney, if you are represented: _____

EXHIBIT

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NOTE: If you are not represented by counsel, you must continue to represent yourself while this office investigates your case.

Briefly summarize the facts of your case: __

What type of assistance are you requesting from this office? __

WAIVER

I hereby waive the attorney-client privilege for the limited purpose of enabling any attorney who has represented me to freely discuss my case with the Ohio Public Defender or any of his staff.

Bruce W. Smith
Your Signature

FINANCIAL STATEMENT

Before this office can represent you, you MUST COMPLETELY FILL OUT this form and return it to the above address. If a question is not applicable to you or your situation, write N/A in the blank space.

PERSONAL INFORMATION

Name Bruce McCord
Social Security Number 290 70 5302 Date 2-11-99
Address P.O. Box 45699
City Lucasville State OHIO Zip 45699
Telephone NA Date of Birth 10-13-66 Marital Status S
Names and ages of dependents NA
With whom do you live? NA

INCOME

Are you working now? ☐ Yes ☒ No

Employer NA
Employer's Address NA
City NA State NA Zip NA
Employer's Telephone NA
Type of Work NA Gross Pay \$ NA /mo.

List any public assistance or other income received by you or your spouse in the appropriate space below:

Type of Public Assistance <u>NA</u>	Gross Pay	\$ <u>NA</u> /mo.
Pension \$ <u>NA</u> /mo.	VA Disability	\$ <u>NA</u> /mo.
Unemployment Comp. \$ <u>NA</u> /mo.	Worker's Comp.	\$ <u>NA</u> /mo.
Social Security \$ <u>NA</u> /mo.		
TOTAL		\$ <u>NA</u> /mo.
Husband's/Wife's Pay or Income		\$ <u>NA</u> /mo.
Other Income (describe) <u>NA</u>		\$ <u>NA</u> /mo.
TOTAL INCOME		\$ <u>NA</u> /mo.

ASSETS

Cash on hand or in the bank \$ NA /mo.
Money owed to you (explain) NA \$ NA /mo.

Do you own your home or any other real estate? ☐ Yes ☒ No
If so, describe property and its location: _____

Value of property \$ NA /mo.

List make and year of every car, truck, motorcycle or other vehicle owned by you and the value thereof:

<u>NA</u>	\$ <u>NA</u> /mo.
<u>NA</u>	\$ <u>NA</u> /mo.

ASSETS CONT

List all other property of value owned by you including but not limited to stocks, bonds, jewelry, boats, musical instruments, and the value thereof. If none, write

NONE: NA \$ NA /mo.
 \$ NA /mo.
 TOTAL ASSETS \$ NA /mo.

EXPENSES

Living Expenses: Rent or mortgage payments \$ /mo.
 Estimated monthly food bill \$ /mo.
 Medical or dental bills \$ /mo.
 Clothing expenses \$ /mo.
 Utilities \$ /mo.

Other expenses (explain) NA \$ /mo.
 \$ /mo.

TOTAL EXPENSES \$ /mo.

DEBTS

List all debts you presently owe:

Names of Creditors/ Who you owe	Total Amount Owed	Monthly Payment
<u>NA</u>		

(Attach additional sheets if necessary)

THE FINANCIAL STATEMENT I HAVE COMPLETED ABOVE IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF IT IS DETERMINED BY THE STATE PUBLIC DEFENDER, OR BY THE COURT, THAT I WAS NOT ENTITLED TO THE LEGAL REPRESENTATION PROVIDED ME, I MAY BE REQUIRED TO REIMBURSE THE PUBLIC DEFENDER FOR THE COSTS OF REPRESENTATION PROVIDED. ANY ACTION FILED BY THE PUBLIC DEFENDER TO COLLECT FEES HEREUNDER, MUST BE BROUGHT WITHIN TWO YEARS FROM THE LAST DATE LEGAL REPRESENTATION WAS PROVIDED.

Bruce Wilson
 SIGNATURE OF APPLICANT

IF YOUR FINANCIAL SITUATION SHOULD IMPROVE BEFORE THE FINAL DISPOSITION OF THIS CASE, YOU MUST INFORM THE OHIO PUBLIC DEFENDER IMMEDIATELY.

FOR OFFICE USE ONLY - NOT TO BE FILLED OUT BY THE APPLICANT

Monthly income minus living expenses \$ /mo.
 Assets minus liabilities \$ /mo.
 Estimated cost of defense \$ /mo.

Eligible for Ohio Public Defender Services ☐ Yes ☐ No

 CASE ATTORNEY

ASSETS CL

List all other property of value owned by you including but not limit jewelry, boats, musical instruments, and the value thereof. If none, NONE: NA

TOTAL ASSE

EXPENSE

Living Expenses:

Rent or mortgage payments
Estimated monthly food bill
Medical or dental bills
Clothing expenses
Utilities

Other expenses (explain)

DEB

List all debts you presently owe:

Names of Creditors/ Who you owe

To

(Attach additional sheets if necessary)

THE FINANCIAL STATEMENT I HAVE COMPLETED ABOVE, KNOWLEDGE. I UNDERSTAND THAT IF IT IS DETERMINED BY WAS NOT ENTITLED TO THE LEGAL REPRESENTATION PROVIDED FOR THE COSTS OF REPRESENTATION PROVIDED COLLECT FEES HEREUNDER, MUST BE BROUGHT WITHIN THE WAS PROVIDED.

IF YOUR FINANCIAL SITUATION SHOULD IMPROVE BEFORE THE OHIO PUBLIC DEFENDER IMMEDIATELY.

FOR OFFICE USE ONLY - NOT TO BE FILLED OUT BY THE AP

Monthly income minus living expenses
Assets minus liabilities
Estimated cost of defense

Eligible for Ohio Public Defender Services ☐ Yes ☐ No



Franklin Division
Office of the Ohio Public Defender
East L
Columbus, Ohio

B. Woods # 32999
P.O. Box 45699
Columbus, Ohio 43269

ANADELLJ

From: JAMES ANADELL
Sent: Sunday, March 15, 1998 4:56 PM
To: MARY DUNNING; FELICE HARRIS.
Subject: assignment (Woods to FLH)

MARY:

Assign Bruce Woods, 98-LG-1640, to Felice; change Case Type to 201.

FELICE:

Hamilton County jury trial; agg burglary, robbery, kidnapping. D got 4 CS gun specs (12 years) and a ton of time.

No appeal was ever taken. I didn't trust the computer read-out, so I had Bryan get a copy of the real docket on his last Hamilton County run. Sure enough, notice of appeal never filed.

Sentencing entry was filed 6.14.96, so you're really late on this one. If I were you, I'd order a transcript of the sentencing hearing before I did anything else to see what went down.

I called trial counsel, Mike McEvilley, but only received a vague voice-mail message that he "didn;t handle the appeal." I guess not. He did not return subsequent calls. Note that sentencing entry shows a Brian Perkins as assigned counsel.

EXHIBIT

tabbles

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MCCANDLD

From: FELICE HARRIS
Sent: Friday, March 20, 1998 6:29 PM
To: DEBI MCCANDLISH
Subject: state v bruce woods

Please find out how much it will cost to transcribe the sentencing hearing in state v Bruce Woods, case # B961386 and order it asap. The hearing was held 6/14/96 before Judge John P. O'Conner, Hamilton County. Thanks.

3/23/98 9:00

Ron Johnson ⁵³ 632-8396 -
left message -

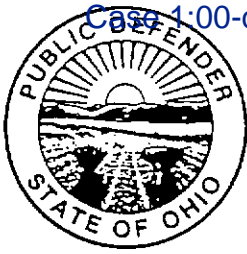
20 pgs
30 days \$210 a page

210 pgs
42.00

Dail
McCuskins
1000 Main St
Rm 211
Cin. Ohio
45202

EXHIBIT

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Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 752-5167

DAVID H. BODIKER
State Public Defender

March 23, 1998

Ms. Gail McCubbins
Court Reporter
1000 Main Street, Room 211
Cincinnati, OH 45202

Re: *State of Ohio vs. Bruce Woods*
Case No. B961386

Dear Ms. McCubbins

Pursuant to our telephone conversation today, please transcribe the sentencing hearing held June 14, 1996, before Judge John P. O'Conner in the above referenced case.

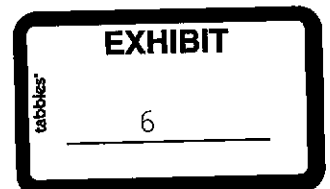
I understand that the transcript is approximately 20 pages and will cost \$2.10 a page. Please remit the bill when the transcript is sent and I will see that it is promptly paid. On the bill, please include a federal tax identification number.

Thanking you in advance.

Sincerely,

Deborah K. McCandlish
Administrative Assistant

DKM/deb

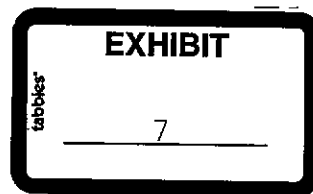


FELICE HARRIS

From: FELICE HARRIS
To: DEBI McCANDLISH
Subject: state v bruce woods
Date: Friday, March 20, 1998 6:29PM

Please find out how much it will cost to transcribe the sentencing hearing in state v Bruce Woods, case # B961386 and order it asap. The hearing was held 6/14/96 before Judge John P. O'Conner, Hamilton County
Thanks.

3/24/98 - will order transcript (#43) - will take 30 days



FY 98 DISBURSEMENT JOURNAL					
Voucher Date:	04/15/98	Vendor:	Gail T McCubbins		
Warrant #	4179137	Batch #	010515	Voucher #	982897
Date Warrant Sent to Vendor:		04/22/98			
SAC Detail: Press Ctrl+Tab to exit Detail Form					
PO Number	Obj	S-Obj	SAC	SPND	Amount
DEBIT	155	03	4011	LEGL	\$33.60
Total for this Voucher:					\$33.60
Notes: <div style="border: 1px solid black; height: 80px; width: 100%;"></div>					

Back
Next

Add
Close

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Print Record

EXHIBIT

tabbles

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PERSONNEL ACTION STATE OF OHIO		AGENCY FROM Ohio Public Defender Commission		DIVISION OR INSTITUTION 		UNIT OR OFFICE 		NO. 5435823					
		TO											
NAME		FROM Harris		TO Felice		SEX L.		DATE OF BIRTH F		NO. OF YEARS JD		EDUCATION MAJOR Law	
		(LAST)		(FIRST)		(M.I.)							
ADDRESS		FROM		TO									
		(STREET)		(CITY)		(STATE)		(ZIP CODE)		(COUNTY)			
EFFECTIVE DATE		PAYROLL NUMBER		POSITION CONTROL NO.		BARG UNIT		FLAG		SOCIAL SECURITY NUMBER		HQ. COUNTY	
MO 04 DAY 18 YR 98		FROM		TO									
CLASS TITLE		CLASS NO		RANGE		STEP		BASE RATE		LONG		SUPPL	
FROM: Asst. Public Defender 1												TOTAL U	
O:													
APPOINTMENT		CHANGE		SEPARATION		INTERRUPTION		REINSTATEMENT		DAS TIME STAMP			
<input type="checkbox"/> 0 EMERGENCY ENDS _____ <input type="checkbox"/> 1 FULL TIME PERMANENT ENDS _____ <input type="checkbox"/> 2 FULL TIME TEMPORARY ENDS _____ <input type="checkbox"/> 3 FULL TIME SEASONAL ENDS _____ <input type="checkbox"/> 4 PART TIME PERMANENT ENDS _____ <input type="checkbox"/> 5 PART TIME TEMPORARY ENDS _____ <input type="checkbox"/> 6 PART TIME SEASONAL ENDS _____ <input type="checkbox"/> 7 INTERMITTENT ENDS _____ <input type="checkbox"/> 8 FIXED TERM SALARIED ENDS _____ <input type="checkbox"/> 9 FIXED TERM PER DIEM ENDS _____ <input type="checkbox"/> 10 APPT. DATE CORRECTED ENDS _____ <input type="checkbox"/> 11 FULL TIME INTERIM INTERNAL ENDS _____ <input type="checkbox"/> 12 FULL TIME INTERIM EXTERNAL ENDS _____ <input type="checkbox"/> 13 PART TIME INTERIM INTERNAL ENDS _____ <input type="checkbox"/> 14 PART TIME INTERIM EXTERNAL ENDS _____ <input type="checkbox"/> 15 UNIT 11, 12 INTERIM EXTERNAL ENDS _____ <input type="checkbox"/> 16 ESTABLISHED TERM REGULAR ENDS _____ <input type="checkbox"/> 17 ESTABLISHED TERM IRREGULAR ENDS _____		<input type="checkbox"/> 1 PROMOTION <input type="checkbox"/> 2 DEMOTION <input type="checkbox"/> 3 LATERAL CLASS CHANGE <input type="checkbox"/> 4 TRANSFER WITHIN AGENCY <input type="checkbox"/> 5 TRANSFER BETWEEN AGENCIES <input type="checkbox"/> 6 CIVIL SERVICE STATUS <input type="checkbox"/> 7 NAME <input type="checkbox"/> 8 APPOINTMENT CHANGE TO _____ <input type="checkbox"/> 9 DISPLACEMENT <input type="checkbox"/> 10 RATE <input type="checkbox"/> 11 REASSIGNMENT <input type="checkbox"/> 12 POSITION CHANGED <input type="checkbox"/> 19 TEMPORARY WORK LEVEL ENDS _____ CLASS _____ RATE _____ STEP _____ <input type="checkbox"/> 20 TEMP REASSIGN BY APPEAL DECISION <input type="checkbox"/> 22 CANCEL INTERIM <input type="checkbox"/> 23 SERVICE CHANGE <input type="checkbox"/> 27 GRIEVANCE ADJUSTMENT <input type="checkbox"/> 30 H.Q. COUNTY CHANGE <input type="checkbox"/> 35 UNINTERRUPTED SEPARATION/ APPOINTMENT <input type="checkbox"/> OTHER - SEE REMARKS		<input checked="" type="checkbox"/> 1 RESIGNED - REGULAR <input checked="" type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> 2 RETIRED <input type="checkbox"/> 3 DISABILITY RETIREMENT <input type="checkbox"/> 4 DECEASED <input type="checkbox"/> 5 REMOVED <input type="checkbox"/> 6 PROBATIONARY REMOVAL <input type="checkbox"/> 7 Laid Off <input type="checkbox"/> 8 UNCLASSIFIED TERMINATION <input type="checkbox"/> 9 OTHER (SEE REMARKS) <input type="checkbox"/> 10 CANCEL APPOINTMENT <input type="checkbox"/> 12 DISABILITY SEPARATION REINSTATE BY _____ <input type="checkbox"/> 13 INTERIM SEPARATION <input type="checkbox"/> 15 RESIGNED - NOT IN GOOD STANDING <input type="checkbox"/> 16 RESIGNED - NOT RECOMMENDED FOR REHIRE		<input type="checkbox"/> 1 MILITARY LEAVE ENDS <input type="checkbox"/> 2 PERSONAL LEAVE ENDS <input type="checkbox"/> 3 SUSPENSION ENDS <input type="checkbox"/> 6 SEASONAL ENDS <input type="checkbox"/> 7 EDUCATIONAL LEAVE ENDS <input type="checkbox"/> 11 UNION LEAVE ENDS <input type="checkbox"/> 12 END A17 <input type="checkbox"/> 13 END A18		<input type="checkbox"/> 1 FROM SEPARATION <input type="checkbox"/> 2 FROM INTERRUPTION <input type="checkbox"/> 3 BY PERSONNEL BD. OF REVIEW <input type="checkbox"/> 4 BY COURT ORDER <input type="checkbox"/> 5 SEPARATION RESCINDED <input type="checkbox"/> 7 BY GRIEVANCE <input type="checkbox"/> 8 BY ARBITRATION AWARD <input type="checkbox"/> 9 REEMPLOYMENT FROM LAYOFF APPT. TYPE _____ <input type="checkbox"/> 10 RECALL FROM LAYOFF APPT. TYPE _____		DAS TIME STAMP			
E OF LAST PROMOTION		CERTIFICATION NO.		DATE OF CONTINUOUS SERVICE		BUDGETED HOURS							
REMARKS:													
01-Written resignation attached. _____ ADM 4259 attached. _____													
ALL ITEMS CONTAINED ON PRE-HIRE FORM HAVE BEEN COMPLETED <i>David H. Badtcher / CUP</i> 4/17/98 APPROVAL OF APPOINTING AUTHORITY (SIGNATURE) DATE		STATE PERSONNEL DIVISION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> NOTED CERTIFICATION _____		SIGNATURE OF DIRECTOR OF ADMINISTRATION <i>Sanara E. Drobot</i> 4/23/98									

EXHIBIT

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LANEB

From: NANCY DECATUR
Sent: Tuesday, May 05, 1998 12:30 PM
To: BOB LANE
Subject: Bruce Woods

I spoke with attorney Bryan Perkins today.

EXHIBIT

tabbles

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Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 752-5167

DAVID H. BODIKER
State Public Defender

May 13, 1998

Mr. Bruce Woods
#329-889
Southern Ohio Correctional Facility
P.O. Box 45699
Lucasville, Ohio 45699

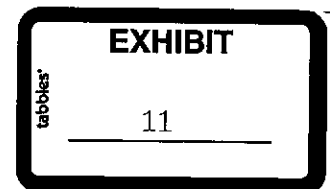
Dear Mr. Woods:

This is in response to your recent request for assistance from this office. I am reviewing your case in order to determine whether or not we can represent you in court.

Sincerely,

Robert L. Lane
Chief Appellate Counsel

RLL:mjb/Enclosures/#67561



3-15-98

Dear Mr. [unclear]

EXHIBIT

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Thank you

Bruce Woods

WOODS #329999
P.O. Box 45699
LUCASVILLE, OH

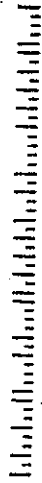
45699



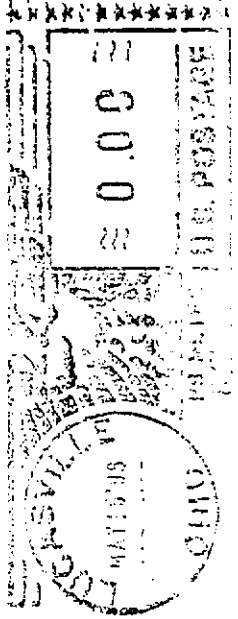
ATTN:

ROBERT L. LANE

OHIO PUBLIC DEFENDER COMMISSION
8 EAST LOW ST. 111. FI
COLUMBUS, OH 43223-3323



PRIVATE
SOUTHERN CONNECTIONAL
PO BOX 45699
LUCASVILLE OH 45699-4569



TOM WETTERER

From: JAMES ANADELL [OPDCNET/OPD/ANADELLJ]
Sent: Tuesday, May 19, 1998 1:44 PM
To: MARY DUNNING
Cc: BOB LANE; TOM WETTERER
Subject: reassignment (Bruce Woods to TRW)

MARY:

Reassign Bruce Woods, 98-LG-1640, to TRW. Bob Lane is delivering file to Tom.

EXHIBIT

tabbles
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Filters Used:

Note Report

Form Format

Date Printed: 3/31/2004

Time Printed: 10:43AM

Printed By: FENLOP

Date 5/19/1998 Time 1:40PM 12:00AM Duration 0.00 (hours) Code
 Description E-mail MD; file to TRW Staff James F Anadell
 Client Bruce Woods Case Ref Woods, Bruce File No 98-LG-1640
 Alerts (days before) Follow Done Notify Hide Trigger Private N Status
 User1 User3
 User2 User4
 Path/Name

Date 3/15/1998 Time 4:41PM 12:00AM Duration 0.00 (hours) Code
 Description E-mail MD, FLH; file to FLH Staff James F Anadell
 Client Bruce Woods Case Ref Woods, Bruce File No 98-LG-1640
 Alerts (days before) Follow Done Notify Hide Trigger Private N Status
 User1 User3
 User2 User4
 Path/Name

Date 3/09/1998 Time 9:44AM 12:00AM Duration 0.00 (hours) Code
 Description rec'd docs; pull file for JFA Staff Marsha Bennington
 Client Bruce Woods Case Ref Woods, Bruce File No 98-LG-1640
 Alerts (days before) Follow Done Notify Hide Trigger Private N Status
 User1 User3
 User2 User4
 Path/Name

EXHIBIT

tabbles

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Filters Used:

Note Report

Form Format

Date Printed: 3/31/2004

Time Printed: 10:43AM

Printed By: FENLOP

Date	3/05/1998	Time	9:46AM	12:00AM	Duration	0.00 (hours)	Code	
Description	e-mail to BH & DM; file to INT						Staff	Marsha Bennington
Client	Bruce Woods	Case Ref	Woods, Bruce				File No	98-LG-1640
Alerts	(days before)	Follow	Done	Notify	Hide	Trigger	Private	N Status
User1				User3				
User2				User4				
Path/Name								

Date	3/05/1998	Time	9:29AM	12:00AM	Duration	0.00 (hours)	Code	
Description	file to MB for docs						Staff	James F Anadell
Client	Bruce Woods	Case Ref	Woods, Bruce				File No	98-LG-1640
Alerts	(days before)	Follow	Done	Notify	Hide	Trigger	Private	N Status
User1				User3				
User2				User4				
Path/Name								

Date	2/17/1998	Time	11:04AM	12:00AM	Duration	0.00 (hours)	Code	
Description	ran docket; file to JFA						Staff	Marsha Bennington
Client	Bruce Woods	Case Ref	Woods, Bruce				File No	98-LG-1640
Alerts	(days before)	Follow	Done	Notify	Hide	Trigger	Private	N Status
User1				User3				
User2				User4				
Path/Name								

Filters Used:

Note Report

Form Format

Date Printed: 3/31/2004

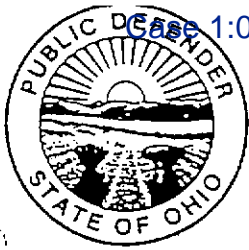
Time Printed: 10:43AM

Printed By: FENLOP

Date	2/13/1998	Time	5:30PM	5:30PM	Duration	0.00 (hours)	Code	
Description	file to MB for docs						Staff	James F Anadell
Client	Bruce Woods	Case Ref	Woods, Bruce				File No	98-LG-1640
Alerts	(days before)	Follow	Done	Notify	Hide	Trigger	Private	N Status
User1				User3				
User2				User4				
Path/Name								

Date	2/06/1998	Time	3:11PM	12:00AM	Duration	0.00 (hours)	Code	
Description	sent q&fs; file to JFA						Staff	Marsha Bennington
Client	Bruce Woods	Case Ref	Woods, Bruce				File No	98-LG-1640
Alerts	(days before)	Follow	Done	Notify	Hide	Trigger	Private	N Status
User1				User3				
User2				User4				
Path/Name								

Date	2/06/1998	Time	2:56PM	12:00AM	Duration	0.00 (hours)	Code	
Description	send Q; file to MB						Staff	Mary L Dunning
Client	Bruce Woods	Case Ref	Woods, Bruce				File No	98-LG-1640
Alerts	(days before)	Follow	Done	Notify	Hide	Trigger	Private	N Status
User1				User3				
User2				User4				
Path/Name								



Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 752-5167

DAVID H. BODIKER
State Public Defender

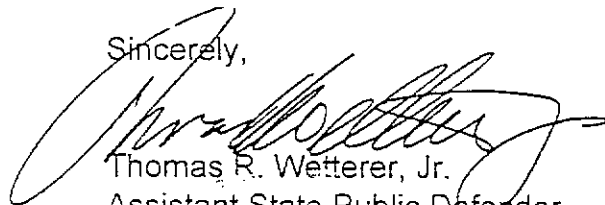
May 26, 1998

Mr. Bruce Woods
#329-889
Southern Ohio Correctional Facility
P.O. Box 45699
Lucasville, Ohio 45699

Dear Mr. Woods:

Your case has been reassigned to me for filing a motion for delayed appeal.

Sincerely,



Thomas R. Wetterer, Jr.
Assistant State Public Defender

TRW:nir\68654

EXHIBIT

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